

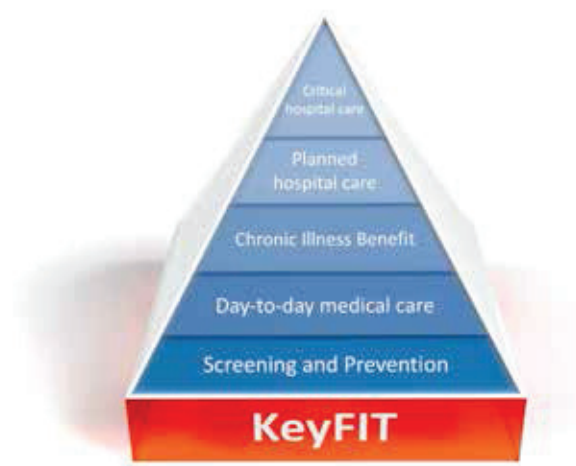


# KeyCare Series

KEYCARE  
20  
16  
SERIES

# Key features

## Benefits available on the KeyCare Series



Unlimited hospital cover in our KeyCare network of hospitals



Guaranteed full cover in hospital for specialists on the KeyCare network, and up to 100% of the DHR for other healthcare professionals



Essential cover for chronic medicine on the KeyCare medicine list for all Chronic Disease List conditions



Unlimited cover for medically appropriate GP consultations, blood tests, x-rays or medicine in our KeyCare network on the KeyCare Plus and KeyCare Access plans

# The KeyCare Series has three health plan options

There are differences in benefits as indicated below.  
The benefits not mentioned in the table are the same across all three plans.

	Plus	Access	Core
Hospitals	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network	Unlimited cover for emergencies, trauma, childbirth and care for your newborn in the KeyCare Access network of private hospitals. Other conditions are covered in a contracted network of state facilities	Unlimited cover in the KeyCare Hospital Network. There is a list of procedures that are covered in the KeyCare day surgery network
Day-to-day medical cover	Primary care cover through your chosen GP and day-to-day medicine from our medicine list		This plan does not offer day-to-day medical cover
	Private specialist cover up to a limit of R3 250 for each person	Private specialist cover up to R3 250 for emergencies, trauma, childbirth and cover for your baby up to 12 months after childbirth	Private specialist cover up to a limit of R3 250 for each person
Antenatal Benefit	If you are pregnant, the Antenatal Benefit covers you at 100% of the DHR for the following healthcare services: <ul style="list-style-type: none"> <li>■ four visits to a GP, midwife or gynaecologist at a network hospital</li> <li>■ one routine scan (between 10 and 20 weeks)</li> <li>■ selected blood tests requested by your gynecologist or GP</li> </ul>		
Casualty visits	Cover in any casualty unit at one of the KeyCare network hospitals. You have to pay the first R270 of the consultation	Other than for emergencies and trauma, you have cover in any casualty unit at one of the KeyCare Access hospitals and KeyCare network hospitals once a year. You have to pay the first R270 of the consultation	Casualty visits are not covered
Chronic medicines prescriptions	Your chosen KeyCare GP must prescribe your approved chronic medicine or you can get your approved medicine from approved pharmacies		Any GP can prescribe your approved medicine
Cancer	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider	We cover treatment if it is a Prescribed Minimum Benefit in a state facility	We cover treatment only if it is a Prescribed Minimum Benefit. We will allocate you to a network provider

# Hospital cover

## We cover you in hospital for emergency and planned hospital admissions

There is no overall hospital limit. Some healthcare services and procedures have a limit or we may have rules on how we pay for them.

Your hospital cover is made up of:

- Cover for the account of your hospital stay
- Cover for the accounts from your admitting doctor, anaesthetist or any other approved healthcare professional.

Cover for your hospital account on KeyCare Core and KeyCare Plus

We cover you in any hospital in the KeyCare network of hospitals. If you don't go to a KeyCare network hospital for planned admissions, you will have to pay the claims yourself.

We cover these procedures in our day surgery network:

- Adenoidectomy
- Arthrocentesis (joint injection)
- Cautery of vulva warts
- Circumcision
- Colonoscopy
- Cystourethroscopy
- Diagnostic D&C
- Gastroscopy
- Hysteroscopy
- Myringotomy
- Myringotomy with intubation (grommets)
- Prostate biopsy
- Proctoscopy
- Removal of pins and plates
- Sigmoidoscopy
- Simple abdominal hernia repair
- Simple nasal procedure for nose bleeding (nasal plugging and nasal cauterly)
- Tonsillectomy
- Treatment of Bartholin's cyst/abscess
- Vasectomy
- Vulva/cone biopsy

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## Cover for your hospital account on KeyCare Access

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On KeyCare Access, healthcare services for approved admissions for emergencies, trauma, childbirth and care for your baby up to 12 months after childbirth are covered in our network of private hospitals with no overall limit. We pay approved admissions for all other hospital care in our network of state facilities.

We cover the following traumas in our network of private hospitals:

- Injuries at work
- Burns
- Injuries from a crime
- Sexual assault
- Injuries from a car accident
- Injuries from a fall
- The loss of an arm, hand, leg or foot
- Near drowning
- Head injuries
- Poisoning or a serious allergic reaction that may cause death

## Care for your baby after childbirth on KeyCare Access

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This benefit covers babies that are registered on the Scheme from their date of birth when born to a parent registered on the Scheme. It covers approved hospital admissions in our network of private hospitals for the baby for 12 months from the baby's date of birth.

Babies not added to the Scheme from their date of birth will be covered in our contracted network of state facilities.

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## Cover for related accounts

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We guarantee full cover when you use specialists and healthcare professionals on the KeyCare network.

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## Other specialists and healthcare professionals

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If you are treated by a specialist who we don't have an arrangement with and other healthcare professionals, we pay up to 100% of the DHR. If the healthcare professional charges above the DHR, you must pay the rest.

## Healthcare services with an annual limit



### Mental health

#### KeyCare Core and KeyCare Plus

21 days or 15 out-of-hospital consultations for each person

#### KeyCare Access

21 days in our contracted network of state facilities or 15 out-of-hospital consultations for each person



### Alcohol and drug rehabilitation

#### KeyCare Core and KeyCare Plus

21 days for each person

#### KeyCare Access

21 days for each person in our contracted network of state facilities



### Cataract surgery

#### KeyCare Core and KeyCare Plus

We cover cataract surgery as long as we have approved your treatment at a doctor and facility in our network for cataract surgery.

#### KeyCare Access

Covered in our contracted network of state facilities



### Chronic dialysis

Once registered, we will allocate you to a network provider or you can go to a state facility. If you choose to use any other provider we will only cover 80% of the DHR.

# Day-to-day cover

## You have access to the following day-to-day cover:

Applicable to KeyCare Plus and KeyCare Access Plans



### Cover for GP visits

You have unlimited cover for medically appropriate GP consultations. When joining, you must choose a GP from the KeyCare GP Network. You must go to your chosen GP for us to cover your consultations and some minor procedures. Preauthorisation is required after your 15<sup>th</sup> GP visit.



### You get four out-of-network GP visits

If you need to see a doctor and your chosen GP from our network is not available for you to see, each person on your plan can go to any GP with a limit of four out-of-network GP visits each year, covered up to the DHR. We will cover the GP visit, with selected blood tests and x-rays and medicines on our medicine list.



### Blood, urine and other fluid and tissue tests

We pay for a list of blood, urine and other fluid and tissue tests. Your chosen GP must ask for these tests by filling in a KeyCare pathology form.



### Cover for dentistry

We cover consultations, fillings and tooth removals at a dentist in our dentist network.



### Day-to-day medicine

We pay for medicines from our medicine list if they are prescribed by your chosen KeyCare network GP.



### Cover for eye care

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We cover one eye test for each person, but you must go to an optometrist in our network. The optometrist will have a specific range of glasses that you can choose from. You can get a set of contact lenses instead of glasses if you choose to. You can get new glasses or contact lenses every 24 months.



### Basic x-rays

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We pay for a list of basic x-rays at a network provider. Your chosen GP must ask for the x-rays to be done.



### Casualty visits

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On KeyCare Plus you can go to any casualty unit at one of the KeyCare network hospitals. You have to pay the first R270 of the consultation. On KeyCare Access, other than for emergencies and trauma, each person can go to casualty at one of the KeyCare network hospitals once a year. You have to pay the first R270 of the consultation. You don't need to call us if you go to casualty.



### Medical equipment

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We cover wheelchairs, wheelchair batteries and cushions, transfer boards and mobile ramps, commodes, long-leg calipers, crutches and walkers on the medical equipment list, if you get them from a network provider. There is an overall limit of R4 950 for each family.



### Other types of healthcare




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We do not cover other types of healthcare professionals, such as physiotherapists, psychologists, speech therapists, audiologists, homeopaths or chiropractors from your day-to-day benefits.

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# Contributions

KeyCare income bands	 Main member	 Adult	 Child
<b>KeyCare Plus</b>			
10 751+	R1 734	R1 734	R464
7 551 – 10 750	R1 165	R1 165	R326
291 – 7 550	R832	R832	R301
0 – 290	R290	R290	R290
<b>KeyCare Access</b>			
10 751+	R1 695	R1 695	R458
7 551 – 10 750	R1 129	R1 129	R317
4 701 – 7 550	R782	R782	R281
0 – 4 700	R586	R586	R256
<b>KeyCare Core</b>			
10 751+	R1 281	R1 281	R289
7 551 – 10 750	R830	R830	R204
0 – 7 550	R665	R665	R173

Income verification will be conducted for the lower income bands. Income is considered as: The higher of the main member, member beneficiary earnings, commission and rewards from employment; interest from investments; income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; receipt of any form of financial assistance received directly or indirectly from any source; and income from any statutory social assistance programme.

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# General exclusions

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**Discovery Health Medical Scheme has certain exclusions. We do not pay for healthcare services related to the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits**

For a full list of exclusions, please visit [www.discovery.co.za](http://www.discovery.co.za)

General exclusion list includes

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- Cosmetic procedures and treatments
- Otoplasty for bat ears, port-wine stains and blepharoplasty (eyelid surgery)
- Breast reductions or enlargements and gynaecomastia
- Obesity
- Frail care
- Infertility
- Wilfully self-inflicted illness or injury
- Alcohol, drug or solvent abuse
- Wilful and material violation of the law
- Wilful participation in war, terrorist activity, riot, civil commotion, rebellion or uprising
- Injuries sustained or healthcare services arising during travel to or in a country at war
- Experimental, unproven or unregistered treatments or practices
- Search and rescue
- Any costs for which a third party is legally responsible

We also do not cover the complications or the direct or indirect expenses that arise from any of the exclusions listed above, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits.

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## Waiting periods:

If we apply waiting periods because you have never belonged to a medical scheme or have had a break in membership of more than 90 days before joining the Discovery Health Medical Scheme, you will not have access to the Prescribed Minimum Benefits during your waiting periods. This includes cover for emergency admissions.

If you had a break in cover of less than 90 days before joining the Discovery Health Medical Scheme, you may have access to Prescribed Minimum Benefits during waiting periods.

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**In addition to the general exclusions that apply to all plans, the KeyCare Series does not cover the following, except where stipulated as part of a defined benefit or under the Prescribed Minimum Benefits**

**01 | Hospital admissions related to, amongst others:**

- Dentistry
- Nail disorders
- Skin disorders including benign growths and lipomas
- Investigations and diagnostic work-up
- Functional nasal surgery
- Elective caesarean section, except if medically necessary
- Surgery for oesophageal reflux and hiatus hernia
- Back and neck treatment or surgery
- Knee and shoulder surgery
- Joint replacements, including but not limited to hips, knees, shoulders and elbows
- Cochlear implants, auditory brain implants and internal nerve stimulators – this includes procedures, devices and processors
- Healthcare services that should be done out of hospital and for which an admission to hospital is not necessary.

**02 | Correction of Hallux Valgus/Bunion and Tailor's Bunion/Bunionette**

**03 | Removal of varicose veins**

**04 | Refractive eye surgery**

**05 | Non-cancerous breast conditions**

**06 | Healthcare services outside South Africa**

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